ALERT

News from the UFMCC on AIDS Legislation, Education, Research and Treatment.

SILVERMAN KEYNOTES NURSES CONFERENCE

MARCH 1988

Over two hundred nurses from around the southeastern United States gathered in Atlanta, GA, February 11-12, to attend "AIDS into the 1990's", a conference sponsored by the Emory University School of Nusing. Mervyn Silverman, MD MPH, President of the American Foundation for AIDS Research (AmFAR), and one of the nation's leading experts in public health and AIDS, was the keynote speaker.

In his lecture, Silverman stated that how we respond to AIDS is a true test of our moral character. After tracing the history of society's responses to past epidemics, he showed how U.S. society's response to AIDS is following past examples, with people exhibiting mass denial, scapegoating, hysteria, bizarre behavior, commercialization and exploitation of the disease, and moralistic solutions. Instead of waging war on the bigotry, ignorance and denial of society-at-large, he suggested that the current Administration is conducting "Jar Wars:" an effort to "fix the problem" by gathering large numbers of urine bottles and blood samples.

Silverman gave medical science credit for record speed in learning about AIDS, and coming up with drugs like ddC and AZT, which are showing real promise in prolonging life. He called for increased education efforts, since reduction of new casualities is relatively easy, unlike curbing a flu epidemic.

In the future, Silverman believe we will see a great increase in the number of IV Drug Abusers with AIDS, more women with AIDS, and hence more newborns who are HIV positive. He does not expect an "explosion" of AIDS among heterosexuals, unless they behave as if AIDS is not a risk for them. Citing a massive rise in the number of sexually transmitted diseases among heterosexuals in recent years, Silverman suggested that the straight community has the advantage of seeing what has already happened in the Gay community.

He reported that sexually transmitted diseases among Gay men in San Francisco have dropped 90%, and that last year there was "virtually no transmission of HIV among Gay men in San Francisco," showing that education does work.

In a powerful conclusion, Silverman showed how AIDS is exposing the underbelly of society's problems. Our society sees IV drug abuse as a crime rather than a medical problem; and, therefore, we are not acknowledging solutions that seem to be working in other places. He cited the needle-exchange program in Amsterdam, which is working to curb AIDS among that IV Drug population, and pointed to New Orleans as a place where no IV drug transmission of HIV is happening, because needles and syringes are available in grocery stores. He also reported that in Nevada, not one prostitute is infected with HIV in counties where prostitution is legal, regulated, and prostitutes are routinely tested for sexually transmitted diseases.

Silverman expressed the hope that AIDS would force the U.S. to move closer to universal medical coverage. South Africa is the only other nation in the world without universal coverage. Short-term solutions he suggested were case management and outpatient care, which has kept the cost of care in San Francisco the lowest in the nation, as well as insurance risk pools, such as exist for smokers and bad drivers.

Patricia Kloser, MD, addressed the conference on "Women and AIDS." She is a physician from Newark, NJ, who is the doctor of the woman who was recently diagnosed as the first person in the U.S. with HIV-2. She believes that the 3551 women currently diagnosed with AIDS are only the tip of the iceberg, adding that 86% of women with AIDS are 20-39 years old, the prime childbearing years. She reports no cases of AIDS/Kaposi's Sarcoma or AIDS/Lymphoma among her 400 women patients with AIDS. Women with AIDS tend to contract Pneumocystis Pneumonia (50%), rare forms of tuberculosis (30%), toxoplasmosis (25%), and cryptococcal meningitis (20%). These percentages add up to more than 100% because many P.W.A.'s contract multiple opportunistic infections.

Unlike men with AIDS, whose prognosis is generally 18 months to 2 years, women with AIDS have a much shorter life expectancy. In Newark, the prognosis for a woman with AIDS is 14.5 weeks, while in San Francisco, the life expectancy for women is 1 year from diagnosis. Kloser suggested that this is due to hormonal differences, economic disparity, and longer periods of denial.

Ruth Klug, a private practice Community Health nurse in New Jersey, reported on children with AIDS. There will be 3000 infants born with HIV infection in 1988, and 1500 will be born with full blown AIDS. Her speech emphasized that AIDS is a disease of families, introduced usually by an IV drug abusing father, and with the potential of wiping out an entire family within a few years through sexual and perintal transmission. She warned the audience not to underestimate the incidence of sexual abuse of children in spreading AIDS.

NURSES CONFERENCE (cont'd)

Sandra McDonald, the President of Outreach, Inc., in Atlanta, spoke on Blacks with AIDS. In a very funny, upbeat presentation, she taught about racism in the 1980's and the frustration of reaching IV Drug Abusers with AIDS education. She cited a conversation she had with an IV drug abuser: when she asked him if he wanted to die from AIDS, he replied with resignation, "I die every day." McDonald suggested that we have to shock and scare IV Drug Using populations into facing reality.

Rev. Steve Pieters, UFMCC Field Representative for AIDS ministry, lectured on "Spiritual and Ethical Dimensions of AIDS." In addition to telling of his own journey of faith in living with AIDS, he discussed theological and ethical issues, and the impact of AIDS on the Lesbian and Gay community. The largely heterosexual audience responded with openness and acceptance, and were very curious about MCC and how to find the church in their local areas.

The conference was free to all persons with AIDS. While there were only about six in attendance, their presence added a human dimension to the conference that deeply touched many of the participants.

NEW HIV TEST DEVELOPED

Scientists at the Basic Research Program at the National Cancer Institute's Frederick Cancer Research Facility report in the January 8, 1988 issue of Science, that a new, rapid test will measure how effectively experimental drugs inhibit HIV from replicating in the test tube. The test detects and measures the amount of HIV present in human cells growing in the laboratory.

It is not known whether this test will facilitate either the screening of blood for HIV, or testing human beings for the AIDS virus.

In tests using the new technique, it was shown that ddC (dideoxycytidine) is 50 times more effective than AZT in inhibiting the replication of HIV in cells in a test tube. ddC is in early trial phases in persons with AIDS, while AZT has been made commercially available.

The new test may also help physicians monitor patients HIV levels more effectively than is currently possible.

FROM AROUND THE U.S.

FULTON COUNTY, GA...A Federal Judge has recommended that all jail inmates in Fulton County, Georgia, be given mandatory HIV antibody tests. This follows a report that among 1300 inmates tested in that County, 11 were found to be antibody positive.

AROUND THE U.S. (cont'd)

WASHINGTON, D.C...."Grandma's House," the first facility for "border babies" (i.e., babies and children who are HIV positive) has opened under a contract with the District of Columbia's Commission of Social Services. The Commission reports that these babies are being abandoned in hospitals in steadily growing numbers. This relates directly to the growing number of women who are infected with HIV through sexual contact with an infected partner, or IV drug abuse.

MINORITY YOUTHS & HIV INFECTION

In a study of 261 White, 226 Black, and 141 Latino adolescents in San Francisco, published in the January 1988 Journal of Public Health, Ralph DiClemente and colleagues report that Black and Latino adolescents may be at greater risk for HIV infection because of insufficient education regarding safe sex practices. It is also reported that minority adolescents with less information about AIDS exhibit much higher anxiety about their susceptibility.

The authors call for greater AIDS education among minority adolescents, first to reduce the potential for high-risk activity, and secondly to relieve undue anxiety about their susceptibility.

25% HIDING HIV+ STATUS FROM SEX PARTNERS

According to a University of California San Francisco study, a number of sexually active people do not reveal being HIV-positive to their sex partners.

Among sexually active, non-monogamous Gay and Bisexual men 12% said they would not tell their primary sex partner, and 27% said they would not tell their non-primary partners. Among sexually active, non-monogamous heterosexuals, 25% would not tell their non-primary partners.

The author of the report, Susan Kegeles, PhD, a health psychologist, concludes, "The findings underscore the need for sexually active individuals to protect their health by following 'safe sex' practices, since not all sexual partners can be depended upon to be forthright about their antibody status."

AIDS-MALARIA ASSOCIATION CLEARED UP

While some studies of the frequent association between AIDS and malaria among children with AIDS in Zaire and Venezuela have suggested that one disease might predispose children to the other, a new study published in the January 22, 1988 Journal of the American Medical Association asserts that children with malaria are being given HIV-infected blood to treat the anemia associated with malaria. The author states that facilities for HIV antibody testing are not routinely available in Central Africa and other Third World countries, and so the risk of receiving HIV-infected blood is much greater than in the U.S., where all donated blood now is routinely screened.

THE UNIVERSAL FELLOWSHIP OF METROPOLITAN COMMUNITY CHURCHES

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- One copy of each ALERT issue is sent to any community based AIDS service organization, free of charge.
- One copy of each ALERT issue is sent to any religious AIDS ministry organization (other than UFMCC related), free of charge.
- One copy of each ALERT issue is sent to any person with AIDS/ARC upon personal request, free of charge.
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GOOD NEWS ON AIDS SURVIVAL AND TREATMENTS

(by John S. James)

Recent studies in San Francisco and New York have found major unexpected improvement in median survival after an AIDS diagnosis, and in long-term survival. And many physicians with large AIDS caseloads are having far fewer deaths this year than last, and fewer complications serious enough to require hospitalization, even though they have more patients.

This article examines the statistical evidence on survival in San Francisco and New York, and in the United States as a whole. It looks at why the improved survival figures may be even more important than they first seem.

We asked Michael Callen, a founding member of the PWA Coalition in New York, about his current interview study of long-term survivors diagnosed with AIDS for over three years.

San Francisco Survival Study

Since 1981 the San Francisco Department of Public Health has kept track of the median length of survival of persons diagnosed with AIDS each year. (The median is not the average, but the middle of the range of length of life after diagnosis.) For the first five years median survival was unchanged, about ten months. But in 1986 it unexpectedly jumped to about 14 months.

This improved survival resulted from better outlook for persons with diagnosed pneumocystis. Survival for KS did not improve last year, but it has always been much better than for pneumocystis.

The San Francisco Examiner interviewed Dr. George Lemp, an epidemiologist with the Department of Public Health, and reported this increasing survival on November 6; so far there has been little notice of these results outside of San Francisco. No one knows for sure why persons are suddenly living longer after an AIDS diagnosis, but San Francisco epidemiologists suspect that it may be due to prevention and better treatment of pneumocystis, and/or to use of AZT.

Few new treatments were widely used in 1986, the year of diagnosis for the cohort which survived longer; AZT, aerosol pentamidine, and AL 721, for example had only reached a few. But since the 1986 survival data actually includes what happened as late as August 1987, treatments received in 1987 could also have had an effect.

Before August 1987, both AZT and aerosol pentamidine had become widely used in San Francisco. Less publicized improvements in clinical treatment for pneumocystis and other infections were also being used on enough patients that they might have affected the survival statistics.

What about alternative treatments? On AL 721, the all-egg generic versions arrived here in late summer, probably too late to affect the 1986 survival median; the soy-based "home formula" arrived in January 1986, however, so it might have had an effect. It would be worth checking whether other treatments, such as ribavirin, DNCB, megadose vitamin C, or certain herbal treatments, first became widely used during the time when they might have contributed to improved survival of the 1986 San Francisco cohort.

New York Survival Study

The most detailed study yet on AIDS survival was published in the New England Journal of Medicine, November 19, 1987, and widely reported in the press at that time.

This study by the U.S. Centers for Disease Control of over five thousand persons diagnosed with AIDS in New York City found as many as 15 percent surviving up to five years. Although the researchers admitted that they may have missed some deaths, they concluded that the general impression that AIDS is always fatal cannot be supported. The existing evidence does not rule out the possibility that some people could live indefinitely with AIDS, or could recover.

This New York study included only patients diagnosed through December 1985. Therefore its findings would not reflect the improvement (presumably due to new treatments) shown in the 1986 San Francisco cohort discussed above.

National Survival Study

Seemingly contradictory and much more pessimistic results of a smaller study at the Centers for Disease Control (CDC) were released at a conference on October 5, 1987 and widely reported in the press the next day.

This study, by researcher Ann Hardy, was designed to check the reliability of the official CDC estimate that 15 percent of persons with AIDS survive three years, by verifying that the people on whom that statistic was based were indeed still alive. Only two to five percent had been determined to be alive, and the news stories which went out listed the three-year U.S. survival rate as only two to five percent. This figure differs greatly from the New York and San Francisco finds.

We spoke with Ms. Hardy, who pointed out that San Francisco might have longer survival times than elsewhere in the country because more persons with AIDS here have KS, and those with only KS survive much longer than others, on the average. She did not know why the New York results differed so greatly from hers, and referred us to the researchers, but were unable to get the permission required for an interview by press time.

Ms. Hardy's study only involved persons diagnosed with AIDS in December 1983 or before. Therefore it has no bearing on the major San Francisco result, the large increase in survival for those diagnosed in 1986 compared to any previous time.

Long-Term Survivor Interviews

Michael Callen, a founding member of the PWA Coalition in New York and himself a long-term survivor diagnosed in 1982, is interviewing persons who have survived with an AIDS diagnosis for over three years. So far he has interviewed 17 persons. Results will appear in an article and probably in a book. Meanwhile, Mr. Callen told us of some of the early, often surprising findings so far.

Here are some of his preliminary observations. Be careful in interpreting them. The fact that these survivors made certain choices three or more years ago, when their options were very different from the options today, does not necessarily imply that people should make the same choices today.

* Persons can survive far longer with KS than many have been led to believe. Persons can lead a long and happy life with KS.
* Only three of the 17 used aggressive chemotherapy. One of these was in a suramin trial, and almost died. The other used HPA-23. A third is now on AZT (see below).
* Mr. Callen at first had trouble finding persons who had survived three years after a pneumocystis diagnosis (a diagnosis made three or more years ago, before improved treatments were available). But eventually he did find persons who have survived for four years, and for four and a half years, after the diagnosis.
* Only one of the long-term survivors is on AZT. Others said if it wasn't broke, don't fix it. They had done well before AZT became available, and didn't want to rock the boat.
* All of them had dabbled in alternative approaches. With KS there were several striking stories of success with macrobiotic or vegetarian diets. About half of the long-term survivors had made major diet changes. And the rest paid more attention to their diets.
* Most or all had used approaches such as shiatsu massage, acupuncture, or visualization. A clear majority were involved with groups such as Louise Hay or AIDS Mastery.
* All but two found solace in religion - about half in the religion of their childhood. Others did not seek organized religion, but spoke of spirituality, or a sense of oneness. None became Bible-thumping fundamentalists. All who did become involved in churches were critical of some aspects of organized religion.
* All said they needed hope to survive. Each had to deal in some way with the media's repeated message that everyone dies. Some found it important to know survivors; many knew each other. All but two are aggressively involved in the AIDS movement, or working with PWAs; many are in the forefront.
* They are fighters, often difficult patients, not passive. Most used a group of physicians to coordinate their care, not just one. A majority have fired a physician, or ordered one out of their hospital room.
* Several had moving, near-death experiences.
* There was no magic bullet, no single treatment used by all the survivors. Not all of them used lipids, or macrobiotics, or ribavirin, or anything else. Their experience suggests that AIDS is not one disease, with one substance which will work for everyone.

Mr. Callen is continuing this study. Results will appear in the Village Voice, and probably in book form also. He would like to hear from anyone who has survived with an AIDS diagnosis for over three years. He can be reached at the PWA Coalition, (212) 627-1810.

CORPORATE AMERICA RESPONDS TO AIDS

A National Conference on AIDS policy in corporations, sponsored by Allstate Insurance Co., issued a report calling for humane responses to AIDS in the workplace, including the ban of mandatory testing, ensuring confidentiality, and continuing employment benefits.

With the exception of the health care field, the report from the Conference stated that no special modifications for co-workers of people with AIDS is necessary.

The report urges flexibility in job modifications for employees with AIDS in order to keep them on the job as long as possible. Home work, flex-time, lightened workloads, and rest breaks are suggested as ways of helping to keep a person with AIDS employed.

Employees with AIDS should be treated no differently than any other employee with a life-threatening illness, the report concludes, including maintenance of health benefits and other job privileges.

It is hoped that small corporations will take the lead of the companies cited in the study as having sound AIDS-in-the-workplace policies. The report states that only 20% of U.S. employers surveyed have established a policy on AIDS. Allstate Insurance Co. and Bank of America were two companies hope to set an example in establishing and maintaining fair policy for the AIDS crisis.

To order a copy of AIDS: Corporate America Responds, contact: Allstate Insurance Company, Corporate Relations, Allstate Plaza, Northbrook, IL 60062, or telephone (312) 291-5000.

If you would prefer a videotape summarizing the report, send $12.00 along with your request to: Jesse Mix, Duplication Plus, LTD., 214 W. Ohio St., Chicago, IL 60610.

Human Rights
CAMPAIGN FUND

FOR IMMEDIATE RELEASE

CONTACT: Philip Dufour
(202) 628-4160

HUMAN RIGHTS CAMPAIGN FUND SEEKS LOCAL EFFORTS TO SECURE RESPONSIBLE FEDERAL POLICIES AGAINST AIDS

(Washington, D.C. -- February 26, 1988) -- The Human Rights Campaign Fund is asking members of the gay community across the country to personally lobby their Senators for passage, without hostile amendments, of the Federal AIDS Research, Information and Care Act (S.1220).

The Campaign Fund, the national political action committee of the lesbian and gay community, is launching an advertising campaign in gay community newspapers from coast to coast, to run the first week in March. The ad headline reads, "Jesse Helms is prepared to sabotage the nation's first AIDS research and education bill."

"This is our chance -- the chance each one of us has -- to stop Senator Helms and his cohorts from crippling the best, most responsible piece of federal legislation on AIDS that we have ever seen in this country," said Vic Basile, Campaign Fund executive director.

S. 1220 at long last declares AIDS to be the public health emergency that it is. The legislation would enable AIDS education grants to be awarded to community based organizations, allow the hiring of researchers at the Centers for Disease

(more)

Control, Food and Drug Administration and National Institutes of Health, enable the launching of a national AIDS prevention campaign and hasten processing time for AIDS research proposals.

"Helms and his henchman are willing to gamble that members of the Senate, in their zeal to realize these fine goals, may be willing to compromise essential civil rights issues," said Basile.

Sen. Helms is poised with amendments to allow food and health care workers to be fired, to cancel health insurance policies, to require mandatory HIV testing and reporting, and to impose ridiculous criminal penalties for transmitting the AIDS virus, among other possibilities.

"We desperately need the bill, and we just as critically want it to pass free of destructive debris. Our Senators must understand we will hold them accountable for irresponsible votes," said Basile.

Each ad will list local Senators and encourage readers to visit, call or write to express their constituent right to a full-powered, unencumbered Federal AIDS Research, Information and Care Act.

THE FAIRNESS FUND

PRESS RELEASE

Contact: Steven Dwyer-Chigos
Phone: (202) 783-1828

GRASSROOTS MAIL HELPS DERAIL AMENDMENT TO OVERTURN "ARLINE DECISION"

WASHINGTON---Grassroots constituent mail played an important, if behind-the-scenes, role in preserving the "Arline decision" from rightwing assault in the U.S. Senate, according to the Fairness Fund, the Washington, D.C. based grassroots lobbying group. Almost 1,200 mailgrams were sent to targeted Senators in just a few days.

The Arline decision by the Supreme Court extended critical legal protections from discrimination based on disability to persons with AIDS. It's been a rightwing target for extinction while it's preservation has been a high priority for AIDS and gay/lesbian rights groups. With the last "AIDS hysteria" amendment (the Helms amendment) passing by a 96-2 margin, informed observers expected an uphill battle to perserve it.

While a "compromise" amendment, which was carefully crafted by community lobbyists, officially preserved Arline, grassroots mail played a key role in the battle.

The Fairness Fund, in close cooperation with the AIDS Action Council and state/local groups across the country, carried out a vigorous last-minute campaign to generate such mail. By linking one of the Fund's toll-free mailgram hotlines with an aggressive phone-bank operation to their state coordinators and local organizers and to key activists, by working closely with aforementioned groups (who helped plug their constituents into the Fund's easily-used mailgram hotline, 1-800-257-4900, Oper. 9184) and by a limited activation of the Fairness Fund's pre-authorization network, almost 1,200 mailgrams were sent to targeted Senators.

-OVER-

These mailgrams, coupled with countless phone calls to Congressional offices, helped strengthen the resolve of our Senate supporters, helped move undecided Senators and generally faciliated a more favorable climate for such a "compromise", according to the community's Hill lobbyists.

"I believe the mailgrams and constituent pressure initiated by the Fairness Fund fortified our Hill support and strengthened our hand in negotiations around the debate of AIDS-related issues, " said Carlton Lee, lobbyist for the Human Rights Campaign Fund.

Steve Endean, the Executive Director for the Fairness Fund, who is the former Director of Gay Rights National Lobby and has been a gay rights lobbyist for 18 years, sought to put this constituent pressure campaign in some perspective. "The 1,200 mailgrams generated, particularly to targeted Senators, represent far more than our community has traditionally been able to produce. About half came via the 800 number/phone bank operations and the other half came from people who are "subscribers" to our pre-authorization plan." He noted that almost 10,000 mailgrams were generated via Fairness Fund operations during the last few months of '87 on a range of important AIDS and fairness issues.

He went on, "But 1,200 is still far short of mail/pressure we need. We need many more people to sign up in advance for such mailgrams, and to help build the constituent network we need for AIDS and fairness issues! Next time, I would like to be able to report more than 5,000 mailgrams on the specific issue at hand." But he noted such results come only as a result of a good deal of nuts-and-bolts organizing between legislative crisises. Those interested in signing up for the Fund's inexpensive mailgram network or becoming a local Congressional district organizers (known as Field Associates) should contact the Fairness Fund at P.O. Box 1723, Washington, D.C. 20013 or by calling (202) 347-0826.

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JESSE HELMS IS PREPARED TO SABOTAGE THE NATION'S FIRST AIDS RESEARCH AND EDUCATION BILL

If He Wins, You Could Lose Your Job, Your Health Insurance and Your Privacy . . . BUT YOU CAN HELP STOP HIM.

The U.S. Senate is ready to consider *landmark AIDS legislation* that will provide *new programs* for AIDS treatment, research, public education and health care for people with AIDS. U.S. Senators Ted Kennedy (D-MA), Orrin Hatch (R-UT) and others are working hard to pass a bill that will launch an all-out national war on AIDS.

If Senate Bill 1220 passes, AIDS will at long last be declared the public health emergency that it is.

Yet, Sen. Jesse Helms (R-NC) and his henchmen are poised to cripple this bill with amendments to call for FIRING FOOD SERVICE AND HEALTHCARE WORKERS, CANCELLING HEALTH INSURANCE, REQUIRING MANDATORY HIV TESTING AND REPORTING, AND IMPOSING RIDICULOUS CRIMINAL PENALTIES FOR TRANSMITTING THE AIDS VIRUS.

Passage of S. 1220—THE FEDERAL AIDS RESEARCH, INFORMATION AND CARE ACT—is vitally important to us, because it will require the federal government for the first time to:

- ☐ Award AIDS education grants to community based organizations.
- ☐ Hire needed scientists at the Centers for Disease Control (CDC), Food and Drug Administration (FDA), and National Institutes of Health (NIH).
- ☐ Provide home and community health care for people with AIDS.
- ☐ Conduct a national AIDS educational advertising campaign.
- ☐ Set strict deadlines for quickly processing research funding requests.

UNLESS YOU ACT NOW OUR NATION'S RESPONSE TO THE AIDS CRISIS WILL BE BUSINESS AS USUAL . . . OR WORSE.

To protect yourself and your loved ones, please contact your U.S. Senators and urge them to support S.1220 *WITHOUT HOSTILE AMENDMENTS.*

YOU CAN DO THAT BY

- ☐ calling the Senators' local offices directly (phone numbers provided below) and/or
- ☐ calling 1-800-257-4900, Operator 9184 to send a telegram directly to their Washington, D.C., offices. These mailgrams contain already prepared messages and can be charged directly to your phone bill for $4.50 per

Paid for and authorized by the Human Rights Campaign Fund, the national political action committee of the lesbian and gay community, dedicated to protecting your interests and defending your rights in the nation's capital.

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AIDS: A CHRISTIAN RESPONSE
(by Howard E. Mueller)

A REVIEW
by Rev. Steve Pieters

This study guide for adults, prepared by The Board for Social Ministry Services and The Board for Parish Services of the Lutheran Church--Missouri Synod, is a dangerous book. It is an example of how a homophobic church is responding to the AIDS crisis: with very little education about the facts of how AIDS is and is not transmitted, and with a great deal of righteous moralism, designed to reinforce homophobia and equip "Christians" to save "prostitutes, homosexuals, and drug addicts."

Nowhere does the author state that AIDS is not casually transmissable. In the short paragraph on "Containment of the Disease", he states, "The medical community is monitoring possible additional risk factors for the transmission of the disease...the most immediately effective containment measure remains in society's hands. Homosexual acts, multiple sexual partners and casual sex must be avoided...God's plan for marriage--one man, one woman, committed to one another for life--would markedly slow the spread of this disease."

In the chapter on "An Opportunity for Ministry," Mueller writes, "You must exercise great care not to come into contact with infected body fluids when you care for and associate with AIDS patients and their families," although he does not state what specific body fluids, nor how to exercise proper precautions, if contact with blood or semen is necessary. And to suggest caution in relating to family members of PWA's flies in the face of the medical facts and studies of household members of PWA's.

Nowhere are safe sex guidelines discussed, since the only solution in the author's mind is abstinence or mutually monogamous, heterosexual marriage. The omission of facts in this booklet will lead to continued fear, hysteria, and the further spread of the disease.

In the chapter on the "Why?" of AIDS, Mueller differentiates between the innocent and the "sinful" persons with AIDS: "Some people get AIDS through no fault of their own; others, through sinful acts." He suggests that "Guilt lies heavy on the souls of many AIDS sufferers for causing their families to suffer, offending God in their personal lives, and for offending the Christian community. This situation presents an opportunity for others in the Christian community to help AIDS victims (sic) in their search for repentance, forgiveness, and reconciliation."

Citing Leviticus 13:1-46, Mueller raises the issue of quarantine: "According to medical historians, the people of the Old Testament were the first to introduce isolation procedures to protect the public...When threatened with danger, God expects us to take the prudent steps to protect ourselves."

In his conclusion, he writes, "On the basis of the evidence found in medical research, the epidemic would soon end if people would discontinue alternate lifesyles. The situation provides an excellent opportunity for Christians to present a strong witness to the world. Not only can we demonstrate the way to end the epidemic, more important, we can point people to Jesus as their Savior from sin." There is a clear assumption that there is no such thing as a Lesbian or Gay Christian.

This arrogant little book not only reinforces dangerous myths about AIDS, but it serves as a warning: conservative heterosexual Christians are using AIDS as an excuse to step up their war of bigotry on the Gay community. The book demonstrates bad theology, bad medical reporting, and an approach to AIDS ministry that, at best, is self-righteous and homophobic, and at worst, is death-dealing, in the literal sense.

MCCSF FEATURED IN CHRISTIAN CENTURY

The Christian Century has published a moving article by Kittredge Cherry and Rev. Jim Mitulski, describing the impact of AIDS on MCC-San Francisco. The article was entitled, "We Are the Church Alive, the Church with AIDS." Ms. Cherry is student clergy and women's programming coordinator at MCC San Francisco, and Rev. Mitulski is the pastor of the church.

Citing the fact that there are 30 people with AIDS in the church, and that two-thirds of the men in the congregation are antibody positive, the writers describe the weekly attendance of death, as well as "at least one" newly diagnosed person, and the frequent requests for service from family and friends from around the country who are visiting people with AIDS.

The authors report positive results of living with AIDS as a church: "despite the deaths of many members, our membership has actually grown by a third in the past year," since so many people in the Lesbian and Gay community are seeking intimacy and spirituality. They state that the church is learning to live "more deeply," since their new-found self-understanding as "a church with AIDS."

The article reports on the ways AIDS has served to form a bridge between MCC-SF and a straight Black church, and a Lesbian and Gay Reform synagogue. The authors emphasize the way AIDS has enabled church member to embody "eschatalogical living...With the end in sight, we do more to savor and value life, including the people we once viewed as hopelessly different from ourselves...AIDS is killing us at the same time that it heals us."

The article was a cover feature in the January 27, 1988 edition of The Christian Century, 407 S. Dearborn St., Chicago, IL 60605.

Rev. Stephen Pieters, Field Representative for UFMCC AIDS Ministry, and Ms. Christie Hefner, Playboy President

UFMCC AIDS MINISTRY REPRESENTATIVE KEYNOTES CHICAGO EVENT

(by Rev. Elder Don Eastman)

Four hundred Chicago Socialites gathered recently for a City of Hope tribute to Playboy President Christie Hefner as she was given the organization's coveted "Spirit of Life" award.

Keynote speaker for the event was Rev. Stephen Pieters, Field Representative of the UFMCC AIDS Ministry. Irv Kupcinet, popular author of "Kup's Column" in the Chicago Sun-Times reported that Rev. Pieters "electrified the audience" as he described his remarkable journey of healing and survival. Following his presentation, Rev. Pieters was approached by Gene Siskel, Chicago-based film critic, who remarked, "an amazing story, incredibly well told. Thumbs up!"

Hefner, in a special Playboy interview spoke of their friendship and the inspiration of Steve's survival. For his part, Steve told of the influence of her friendship on his successful fight for survival. He also commented on the importance of faith leading to the miracle in his life and the vital role Metropolitan Community Churches serve on the front-lines of the AIDS crisis.

The fundraising event, which raised over $100,000 toward the "Christie Hefner Fellowship in AIDS Research", will be repeated in September at the Playboy mansion in Los Angeles.

NAMES PROJECT QUILT TOUR

The Names Project, the National Memorial to the tens of thousands of Americans lost to AIDS, has confirmed the schedule for its National Tour beginning this Spring.

"We are bringing the Quilt to 20 of the largest American cities beginning in April," said Cleve Jones, Executive Director of the NAMES Project. Funds raised from the National Tour will stay in the communities in which the Quilt is displayed to support local organizations providing direct services to people with AIDS and others facing the epidemic.

If you would like to join the local team of NAMES Project volunteers in your area, write to the NAMES Project, P.O. Box 14573, San Francisco, CA 94114. Include your name, address, and telephone number, and you will be contacted with specific information on whom to contact in your city.

TOUR SCHEDULE

CITY		ARRIVE	DEPART
Los Angeles		April 5	April 11
San Diego		April 11	April 14
Phoenix		April 14	April 18
Denver		April 20	April 24
Kansas City		April 25	April 28
St. Louis		April 28	May 2
Dallas		May 3	May 6
Houston		May 6	May 10
New Orleans		May 10	May 16
Atlanta		May 25	May 31
Cleveland		June 1	June 6
Baltimore		June 6	June 13
Boston		June 15	June 20
New York		June 20	June 28
Philadelphia		June 28	July 4
Detroit		July 5	July 8
Chicago		July 8	July 12
Minneapolis		July 13	July 18
Seattle		July 22	July 26
Portland		July 26	July 31